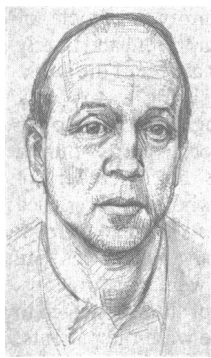


## Doctors and musicians



The intricate interrelation of musicians, doctors, and ill health remain fascinating. Part of its interest lies in the chance it gives to appreciate the subjective experience of illness. Schumann suffered from severe and badly treated bipolar disease but

wrote some of his most serene music during manic phases. Beethoven's late string quartets were written from the tonal prison of profound deafness while he endured the savage pain of pancreatitis, with both conditions inflecting the work's sonorities. Schubert's haunting late piano sonatas were composed at the time when he became aware that he was terminally ill with syphilis. Among jazz musicians Thelonious Monk may well have suffered from a schizophrenic type illness and certainly played knight's move piano but Bud Powell and Charles

Mingus, whose bizarre behaviour was labelled mental illness, were more probably reacting to racial and physical abuse.

Ravel, who died after ill advised neuro-surgical treatment, is not the only musical genius to be poorly served by the medical profession. Gershwin's death was from an astrocytoma which, according to the medical historian John O'Shea, might well have been operable if diagnosed more promptly. This seems to be an example of the general syndrome of medical indecision when confronted with eminent patients. Beethoven's otosclerosis was certainly compounded by treatments of the outer ear that caused a secondary iatrogenic otitis externa, and Paganinni is only one of many musicians whose syphilis was worsened by "therapeutic" mercury poisoning. Many of the geniuses of black America from Scott Joplin to Lester Young have received racist and incompetent medical attention. Not that musicians are always easy to treat—the physical strain of travel and performance and related fondness for tobacco and alcohol affecting classical heroes like Beethoven, Scriabin, and Liszt as much as jazz musicians.

These thoughts were prompted by the unexpected death of Miles Davis who, despite bouts of (self cured) heroin addiction, a hip fracture related to sickle cell disease, and maturity onset diabetes, was widely judged to be in the throes of a fourth renaissance. Certainly friends who saw him recently on the west coast now painting as well as composing ("Aria" was one of his finest ever records) thought him better than the gaunt irritable despot I remember in the '70s, which his autobiography now reveals were times of addiction and ill health. In some ways Davis demonstrates in his music the impact of overcoming addiction. Although he had been a heroin dependent bebop tiro, his classic quintets were achieved only after he had cleaned up. The ravishingly expressive music he went on to make, both in sickness and in health and quite comparable to that of Ravel or Schumann, can teach us about human indomitability, the surges, setbacks, and renaissances of creativity, and about emotional suffering and joy. And thus perhaps how to understand and treat our patients better. —DAVID WIDGERY, *general practitioner, London*

## Letter from Chicago: At night

You live in a fine house with elegant children and obedient furniture when suddenly, in the first sweet sleep of night, you develop severe pain, perhaps accompanied by calor, rubor, tumor, and angor. How will you cope with this predicament under various circumstances in various parts of the world?

(1) If you should happen to be the emperor of China, a high ranking samurai, or the president of a multinational corporation, you may reasonably expect a sleepy doctor to arrive with his black bag to assuage your symptoms.

(2) If the above fortunate circumstances do not apply but the house call has not yet become extinct in your part of the world, a general practitioner may still come to see you. He may have a hard time examining you in a bad light in the middle of a sagging bed, but may nevertheless be astute enough to diagnose your leaking ulcer or classical panic attack.

(3) Working your way down the algorithm, you may possibly have an influential friend or relative who knows a doctor willing to come in the middle of the night, even if merely to determine that your dolor and angor are greatly exaggerated.

(4) You have neither friend nor relative nor influence. But you know of an agency

that sends itinerant young doctors to take care of nocturnal true or pseudo emergencies.

(5) You could not get a doctor, young or old, to come to your house for all the gold in China, let alone in Japan; but a general practitioner will meet you at his surgery and at least examine you in a decent light and not in a king size bed.

(6) You could not get a doctor even if the entire Tokyo stock market crashed, but you can try your luck on the phone.

(7) You're on the verge of success. Unfortunately, the chap on the other end of the line does not seem to care even if you were the emperor's eldest son.

(8) The phone is "manned" by a formidable nurse practitioner whose job is to weed out the worried well—thereby increasing your angor and activating considerable furor.

(9) There is nobody to answer the phone; or your phone was disconnected because you did not pay last month's bill. So you get in the car and drive to the nearest emergency room.

(10) You don't have a car; it will not start; or it was repossessed for non-payment of due instalments. Your neighbour is in the same boat (with his car). You decide to take a midnight walk (in some neighbourhoods your last). Or call an ambulance that will charge more than it would cost to fix up both cars and possibly the boat as well.

(11) You are met by a stony faced clerk who wouldn't care if you were the dowager empress herself. You wait for hours to see the intern, a heavy sleeper. He orders every test under the rising sun, takes four views of your tumor, and sticks a needle in your rubor. He asks why you did not call your personal physician in the first place. He then phones his attending physician, who is at a poker game and of course does not know you from Adam's mother in law. You may be admitted to the hospital, a process that may be completed by sunrise, or you may be told to see your own doctor but come back if you don't get better.

(12) The meta-analysis is completed. Statistics indicate with a high degree of confidence that you should avoid getting sick outside regular business hours. You may safely read Shelley but do not arise from dreams in the first sweet sleep of night. —GEORGE DUNEA, *attending physician, Cook County Hospital, Chicago, USA*

